2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# 604059

Entity Name: SURGICAL ASSOCIATES OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

1111 BRICKELL AVENUE
MIAMI, FL 33131

New Principal Place of Business:

1181 ORANGE AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

1111 BRICKELL AVENUE
MIAMI, FL 33131

New Mailing Address:

1181 ORANGE AVENUE
WINTER PARK, FL 32789

FEI Number: 59-1447035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, DAVID
1111 BRICKELL AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

POSADA, ROBERTO G
1181 ORANGE AVENUE
WINTER PARK, FL 32789 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERTO G. POSADA, M.D., PRESIDENT 03/19/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, MICHAEL
Address: 1111 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: BROWN, JAMES
Address: 1111 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: VPD ( ) Delete
Name: WILLIAMS, JOHN
Address: 1111 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: TD (X) Delete
Name: JONES, MICHAEL
Address: 1111 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: MILLER, DAVID
Address: 1111 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: SD (X) Delete
Name: SMITH, ROBERT
Address: 1111 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: POSADA, ROBERTO G
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MD (X) Change ( ) Addition
Name: CHILDERS, TIMOTHY C
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MD (X) Change ( ) Addition
Name: MAHAN, THOMAS K
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO G. POSADA, M.D. PRESIDENT MD 03/19/2008
Electronic Signature of Signing Officer or Director Date